

USPS TRACKING#



9590 9402 7534 2098 9843 91

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

OWEN BARNABY
P.O. BOX 1926
KENNESAW GA 30156
Bossproperties96@gmail.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THADDEUS HACKWORTH ATTY
 BERRIEN COUNTY GOVERNMENT
 701 MAIN STREET
 ST JOSEPH MICHIGAN
 49085



9590 9402 7534 2098 9843 91

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

PRIORITY®
★ MAIL ★



VISIT US AT [USPS.COM](https://usps.com)®
 ORDER FREE SUPPLIES ONLINE

FROM: OWEN BARNABY
 P.O. Box 1926
 Kennesaw GA 30156

THADDEUS HACKWORTH ATTY
TO: GENERAL COUNSEL
 BERRIEN COUNTY GOVERNMENT
 701 MAIN STREET
 ST. JOSEPH MICHIGAN 49085

Label 228, March 2016

FOR DOMESTIC AND INTERNATIONAL USE

7022 1670 0001 2173 0504


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®

7022 1670 0001 2173 0504

7022 1670 0001 2173 0504

<p>U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only</p>	
<p>For delivery information, visit our website at www.usps.com®.</p>	
<p>OFFICIAL USE</p>	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Postmark Here</p>
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: NICHOLAS BAGLEY ATTY OFFICE OF GOVONOR OF MICHIGAN ROMNEY BUILDING 111 SOUTH CAPITAL AVE LANSING MICHIGAN 48933</p>  <p>9590 9402 7437 2055 8015 30</p> <p>2. Article Number (Transfer from service label)</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$

☒ Return Receipt (electronic) \$

☒ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark Here

Sent To
NICHOLAS BAGLEY ATTY
Street and Apt. No. or PO Box No.
111 SOUTH CAPITAL AVE
City, State, ZIP+4®
LANSING MICHIGAN 48933

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7501 2201 0291 0001 2201 2201

7501 2201 0291 0001 2201 2201



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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7501 2201 0291 0001 2201 2201

**PRIORITY
★ MAIL ★**

POSTAL SERVICE

VISIT US AT USPS.COM
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FROM: OWEN BARNABY
P.O. BOX 1926
KENNESAW GA 30156

NICHOLAS BAGLEY
TO: GENERAL COUNSEL
OFFICE OF GOVONOR OF MICHIGAN
ROMNEY BUILDING
111 SOUTH CAPITAL AVE
LANSING MICHIGAN 48933

Label 228, March 2016

FOR DOMESTIC AND INTERNATIONAL

VISIT US AT USPS.COM
ORDER FREE SUPPLIES ONLINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: ATTORNEY CAMI PENDELL SUPREME COURT OF MICHIGAN P.O. BOX 30048 LANSING, MICHIGAN 48909</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)  9590 9402 7437 2055 8015 54</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage \$</p> <p>Total Postage and Fees \$</p>	<p>Postmark Here</p>
<p>Sent To ATTORNEY CAMI PENDELL</p> <p>Street and Apt. No., or PO Box No. P.O. BOX 30048</p> <p>City, State, ZIP+4® LANSING MICHIGAN 48909</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>KATHERINE GARDNER GENERAL COUNSEL "UPL" STATE BAR OF MICHIGAN 306 TOWNSEND STREET LANSING MICHIGAN 48933</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$ _____</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> <p>Postage</p> <p>\$ _____</p> <p>Total Postage and Fees</p> <p>\$ _____</p>	<p>Postmark Here</p>
<p>Sent To</p> <p>KATHERINE GARDNER ATN</p> <p>Street and Apt. No., or PO Box No.</p> <p>306 TOWNSEND STREET</p> <p>City, State, ZIP+4®</p> <p>LANSING MICHIGAN 48933</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p style="text-align: right;">See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARGE DURAM-HIATT
SUPERVISOR
NILES CHARTER TOWNSHIP
320 BELL RD
NILES MICHIGAN 49120



9590 9402 7437 2055 8015 47

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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U.S. Postal Service™

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$
- ☒ Return Receipt (electronic) \$
- ☒ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

MARGE DURAM-HIATT

Street and Apt. No., or PO Box No.

320 BELL RD

City, State, ZIP+4®

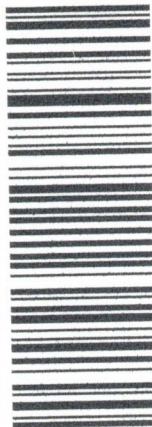
NILES MICHIGAN 49120

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7022 1670 0001 2173 0498


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®

7022 1670 0001 2173 0498

7022 1670 0001 2173 0498

Postmark
Here

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>JEFFERY HOLMSTROM HOLMSTROM LAW OFFICE 830 PLEASANT STREET SUITE 100 49085 ST. JOSEPH MICHIGAN</p>  <p>9590 9402 7437 2055 8015 85</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage</p> <p>\$</p> <p>Total Postage and Fees</p> <p>\$</p>	<p>Postmark Here</p>
<p>Sent To ATTY. JEFFERY HOLMSTROM Street and Apt. No., or PO Box No. 830 PLEASANT STREET SUITE 100 City, State, ZIP+4® ST. JOSEPH, MICHIGAN 49085</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: DANA NESSEL ATTORNEY GENERAL MICHIGAN 525 W. OTTAWA STREET LANSING MICHIGAN 48906</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 7437 2055 8015 78</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage</p> <p>\$</p> <p>Total Postage and Fees</p> <p>\$</p>	<p>Postmark Here</p>
<p>Sent To DANA NESSEL ATT. GENERAL</p> <p>Street and Apt. No., or PO Box No. 525 W. OTTAWA STREET</p> <p>City, State, ZIP+4® LANSING MICHIGAN 48906</p>	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to: MR. ELLIS MITCHELL CITY MANAGER 200 EAST WALL STREET BENTON HARBOR MI 49022</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>9590 9402 7437 2055 8015 61</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery																			
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

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For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
<p>Certified Mail Fee</p> <p>\$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input checked="" type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input checked="" type="checkbox"/> Return Receipt (electronic) \$</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p> <p>Postage</p> <p>\$</p> <p>Total Postage and Fees</p> <p>\$</p>	<p>Postmark Here</p>
<p>Sent To MR. ELLIS MITCHELL Street and Apt. No., or PO Box No. 200 EAST WALL STREET City, State, ZIP+4® BENTON HARBOR MI 49022</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047</p> <p style="text-align: right;">See Reverse for Instructions</p>	

7022 1670 0001 2173 0559

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Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.35
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$3.84
Total Postage and Fees	\$17.44

Sent To
KATHERINE GARDNER ATN
Street and Apt. No., or PO Box No.
306 TOWNSEND STREET
City, State, ZIP+4®
LANSING MICHIGAN 48933

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



12/05/2022

7022 1670 0001 2173 0542

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For delivery information, visit our website at www.usps.com®.

Lansing, MI 48908

OFFICIAL USE

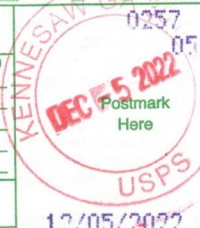
Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.35
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$3.84
Total Postage and Fees	\$17.44

Sent To
ATTORNEY CAMI PENDELL
Street and Apt. No., or PO Box No.
P.O. Box 30048
City, State, ZIP+4®
LANSING MICHIGAN 48909

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions



12/05/2022

7022 1670 0001 2173 0566

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

Benton Harbor, MI 49022

OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.35
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$3.84
Total Postage and Fees	\$17.44

Sent To
MR. ELLIS MITCHELL
Street and Apt. No., or PO Box No.
200 EAST WALL STREET
City, State, ZIP+4®
BENTON HARBOR MI 49022

PS Form 3800, April 2015 PSN 7530-02-000-9047

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12/05/2022

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OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.35
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.00
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage	\$9.90
Total Postage and Fees	\$22.50

Sent To
ATTY. JEFFERY HOLMSTROM
Street and Apt. No., or PO Box No.
830 PLEASANT STREET
City, State, ZIP+4®
ST. JOSEPH, MICHIGAN 49085

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12/05/2022

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Saint Joseph, MI 49085

OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.35
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$17.05

Total Postage and Fees \$30.65

Sent To

THADDEUS HACKWORTH ATTY

Street and Apt. No., or PO Box No.

401 MAIN STREET

City, State, ZIP+4®

ST. JOSEPH MICHIGAN 49085

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Niles, MI 49120

OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.35
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$9.90

Total Postage and Fees \$23.50

Sent To

MARGE DURAM-Hiott

Street and Apt. No., or PO Box No.

320 BELL RD

City, State, ZIP+4®

NILES MICHIGAN 49120

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Lansing, MI 48933

OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.35
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$12.75

Total Postage and Fees \$26.35

Sent To

NICHOLAS BAGLEY ATTY

Street and Apt. No., or PO Box No.

111 SOUTH CAPITAL AVE

City, State, ZIP+4®

LANSING MICHIGAN 48933

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Lansing, MI 48933

OFFICIAL USE

Certified Mail Fee	\$3.25
Extra Services & Fees (check box, add fees as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$10.00
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$10.35
<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	\$10.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$9.90

Total Postage and Fees \$23.50

Sent To

DANA NESSEL ATT. GENERAL

Street and Apt. No., or PO Box No.

525 W. OTTAWA STREET

City, State, ZIP+4®

LANSING MICHIGAN 48906

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